all Central Government employees including the Defence Forces and will possibly view these matters appropriately to make the Indian Armed Forces an attractive career choice among the youth of the country.

Ex-service men's welfare has not been specifically mentioned in any of the lists in the Seventh Schedule to the Constitution of India. However, resettlement and welfare of Ex-service men has been accepted as a joint responsibility of the Central and State Governments. Therefore, both Central and State Governments have formulated schemes for the welfare of Ex-service men.

Water Transport from Dhubri to Dibrugarh in Assam

3709. DR. ARUN KUMAR SARMA: Will the Minister of SURFACE TRANSPORT be pleased to state:

(a) whether there is any proposal under consideration of the Government to introduce water transport facility from Dhubri to Dibrugarh in Assam;

(b) if so, the details thereof; and

(c) if not, the reasons therefor?

THE MINISTER OF SURFACE TRANSPORT (SHRI T.G. VENKATRAMAN): (a) and (b). The Dhubri-Dibrugarh stretch (646 kms.) of river Brahamaputra forms part of the National Waterway No. 2 stretching from Dhubri to Sadiya (891 kms.) Presently the CIWTC vessels are plying upto Pandu. Extension of cargo service upto Dibrugarh is envisaged during 1996-97. The Inland Waterways Authority of India is undertaking conservancy works like hydrographic survey, bandalling, channel marking etc. in this National Waterway in order to maintain its navigability. As a result of developmental works executed so far, a minimum depth of 2 meters and channel marks for day navigation are available in Dhubri-Pandu stretch of river Brahamaputra. In the stretch upstream of Pandu upto Neamati, depth of 2 meters is available for 300 days in a year and upto Dibrugarh, depth of 2 meters is available for 200 days in a year. Regular hydrographic surveys are carried out and navigational data are notified to waterway users. Pilotage services are also available upto Dibrugarh. Floating terminals are existing at Dhubri, Jogighopa and Pandu and similar facilities are planned at Tezpur and Dibrugarh/Neamati during 1996-97.

(c) In view of the above, does not arise.

Medical Services

3710. SHRIMATI JAYAWANTI MEHTA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the Medical Services fall within the purview of Essential Services Act;

(b) if so, the names of hospitals, where medical services were affected during the last six months;

(c) the action taken/proposed to be taken against the authorities concerned; and

(d) if not, the reasons therefor and steps being taken to bring them under the purview of the said Act?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI SALEEM IQBAL SHERVANI): (a) to (d). Any service in or in connection with the working of hospitals and dispensaries in any Indian territory, contonment area or undertaking owned or controlled by the Central Govt. used to fall within the purview of the Essential Services Maintenance Act (ESMA), 1981. However, the said Act is no longer in operation, having lapsed in 1990.

Hospital Equipment

3711. SHRI YELLAIAH NANDI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government are aware that sophisticated hospital equipment, which was imported, has been lying unused and idle for the last several years in certain major towns and metropolises;

(b) if so, whether the Government have paid serious attention to this issue;

(c) if so, what is the stand of the Government in this regard;

(d) the main reasons for allowing huge investments in such import of hospital equipment and leaving it uncared for; and

(e) the steps Government are going to take to prevent such wasteful expenditure in future or to make full use of costly and sensitive hospital equipment so imported?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI SALEEM IQBAL SHERVANI): (a) to (e). 'Health' being a State subject, it is the responsibility of the State Government to check that the imported sophisticated hospital equipments do not remain unused and idle in the hospitals. In so far as Central Government hospitals in Delhi are concerned, no imported sophisticated hospital equipment is lying unused and idle except Deep Freezer (two number) and Oxygen Concentrator in Safdarjang Hospital, DSA - 100 System, DS-10 (Ultrasound System) procured in 1983 and not at present in working condition besides one Argon Laser Photocoagulation which requires replacement of tube in Dr. R.M.L. Hospital, New Delhi.